

Intoxicating Liquor or Wine License Renewal Application

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. Type of license ☐ **On sale:** ☐ Restaurant ☐ Hotel/motel ☐ Bowling center ☐ Nightclub
- ☐ **On sale club** ☐ **On sale Sunday** ☐ **On sale wine, includes Sunday** ☐ **Off sale** ☐ **On sale 2 a.m. closing option** ☐ **Bottle club** } **On sale Sunday cannot apply to off sale or bottle club**

2. Type of applicant ☐ Individual ☐ Corporation ☐ Club ☐ Partnership ☐ Other organization

3. Legal name of licensee (individual, partnership, corporation, organization or club) _____

Address _____ Phone (_____) _____
Street City State Zip

4. Business name _____ Phone (_____) _____

Address _____
Street City State Zip

5. State of Minnesota buyers card number _____ (Does not apply to bottle club.)

6. Minnesota Business Tax ID Number (Per Minnesota Statute 270C.72) _____ Applicant's Social Security Number _____

Federal Business Tax ID Number _____

7. Proof of **Workers' Compensation Insurance Coverage:**

Insurance company name _____ Dates of coverage _____

Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) _____

I am **not** required to have workers' compensation liability coverage because

- ☐ I have no employees covered by the law ☐ Other (Specify on the reverse side.)

Section 1: Building/premises

All applicants complete this section.

8. Since the license was last issued, have there been any **changes in the ownership of the building where the licensed establishment is located?** Attach a copy of the lease agreement. ☐ Yes ☐ No

If yes:

Building owner _____ Phone (_____) _____

Business address _____
Street City State Zip

9. Describe any changes or additions since the last renewal in the serving areas for intoxicating liquor and/or wine.

Attach a drawing, if necessary.

Continue to page 2

10. Are any of the following taxes or charges for the licensed premises unpaid or delinquent?

State sales taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State withholding taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real estate taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Special assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	City utility bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11. During the past license year, has a summons been issued under the Liquor Civil Liability (Dram Shop) Law? If yes, attach a copy of the summons pursuant to Minnesota State Statute 340A.802.☐ Yes ☐ No**12. Are there any changes in (a) finance or interest in premises; (b) contracts between the applicant and any persons, partnerships, corporations; or (c) any new loans since the license was last issued? If yes, explain.**☐ Yes ☐ No**13. If necessary, where do you store the intoxicating liquor/wine off the licensed premises?***List warehouses and addresses in Bloomington and any other municipality. (Does not apply to bottle club.)***14. What were combined sales of food, including non-alcoholic beverages, and alcoholic beverages****for the most recent fiscal year ending prior to this application? (Does not apply to club, bottle club or off sale.)**

Fiscal year from _____ to _____:

	Gross sales	Percentage
Food	_____	_____
Liquor/wine	_____	_____
Total	_____	100%

Attach a financial statement signed by your independent certified public accountant to verify these figures.**15. Each officer, managing partner, owner, general manager or any other individual with an interest in the licensed premises shall submit with this application a political contribution form if a contribution valued in excess of \$50 has been made to any candidate elected to municipal office in Bloomington during the past year, pursuant to Bloomington City Code.****Section 2: Employees***All applicants complete this section. If an individual listed below has not previously submitted a Part II – Personal History, it must be completed and filed with this application.***16. General manager, proprietor, food/beverage manager, managing partner, or any individual in charge of the licensed premises.**

Full name _____ <small>Last First Full middle</small>	Position _____
Residence address _____ <small>Street City State Zip</small>	Phone (_____) _____
Full name _____ <small>Last First Full middle</small>	Position _____
Residence address _____ <small>Street City State Zip</small>	Phone (_____) _____
Full name _____ <small>Last First Full middle</small>	Position _____
Residence address _____ <small>Street City State Zip</small>	Phone (_____) _____

17. Does the current manager have management duties at any other establishment?☐ Yes ☐ No*If yes, list name and address of establishment.***Continue to page 3**

- 18. Do you provide alcohol awareness training for your staff on responsible alcohol service techniques?** ☐ Yes ☐ No

If yes, how often is training provided and who provides training?

Section 3: Type of applicant

Complete only one number in this section. Refer to question 2 for type of applicant.

- 19. Partnership** *If applicable, complete this question for general and limited partners.*

Name _____ Last First Middle Phone (_____) _____

Residence address _____ Street City State Zip

Name _____ Last First Middle Phone (_____) _____

Residence address _____ Street City State Zip

Name _____ Last First Middle Phone (_____) _____

Residence address _____ Street City State Zip

- 20a. Corporation/club/other organization officers**

Attach a list of directors and stockholders and, if applicable, complete question 20a and 20b.

President

Name _____ Last First Middle Phone (_____) _____

Residence address _____ Street City State Zip

Vice President

Name _____ Last First Middle Phone (_____) _____

Residence address _____ Street City State Zip

Secretary

Name _____ Last First Middle Phone (_____) _____

Residence address _____ Street City State Zip

Treasurer

Name _____ Last First Middle Phone (_____) _____

Residence address _____ Street City State Zip

- 20b. Are you a Minnesota corporation?**

☐ Yes ☐ No

If no:

Statutory agent _____ Phone (_____) _____

Residence address _____ Street City State Zip

Continue to page 4

Section 4: Wine licenses*Fill out this section if applying for a wine license.***21. Are you currently licensed in Bloomington for the on-sale of 3.2 percent malt liquor?**☐ Yes☐ No*If yes, pursuant to the provisions of Bloomington City Code, Section 13.37.02, do you plan to sell strong beer at this location?*☐ Yes☐ No**Section 5: Off sale intoxicating liquor***Fill out this section if applying for an off sale intoxicating liquor license.***22. Are deliveries made?** *If yes, state if delivery receipts are on file on the licensed premises and how long the receipts are kept.*☐ Yes☐ No**23. Do you hold an interest of ten (10) percent or more in any other liquor establishment in the State of Minnesota?** *If yes, give name of establishment and location.*☐ Yes☐ No**Section 6: On sale club licenses****24. How many members are in the club?** _____**Notice and notarized signature**

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Bloomington a copy of *Bloomington City Code, Chapter 13* (Alcoholic Beverage Control Ordinance) and *Bloomington City Code, Chapter 4, Article II* (Tax on Retail On-Sales of Intoxicating Liquor) and will familiarize myself with the provisions contained within them.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

X_____
Applicant signature

Subscribed and sworn to before me, a
Notary Public, on this _____ day
of _____ 20 _____.
Commission expires on _____.

Notary signature